



State of Maine

BARBERING & COSMETOLOGY PROGRAM

**Application and applicant information to assist
in completing your application**

TEMPORARY LICENSE
AESTHETICIAN, BARBER, LIMITED BARBER,
COSMETOLOGIST, OR NAIL TECHNICIAN

**Do not return the following informational pages with your
application; it is for your information only**

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8579 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8666

Web address: www.maine.gov/professionallicensing
Email: barbercosm.lic@maine.gov

APPLICATION INSTRUCTIONS TEMPORARY LICENSE

****Fax submissions of applications and supporting documentation will not be accepted.**

Complete the application for a temporary license and submit to the Maine Barbering and Cosmetology Program. The following must be submitted with the application:

- 1. Fee;**
- 2. Proof that you are at least 17 years of age (birth certificate of driver's license is acceptable);**
- 3. Proof that you have completed 10th grade or its equivalent; and**
- 4. An affidavit of completion of school hours or trainee hours, or a license verification from the State in which you attended and completed your school hours.**

INITIAL EACH PAGE OF YOUR APPLICATION WHERE NOTED. Be sure to initial the bottom of each page where noted on your application. All pages requiring initials must be returned to our office as part of your complete application.

The Barbering & Cosmetology Program requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted.** Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

PROCESSING TIME:

- ✓ Please do not call our office regarding the status of your application as numerous calls will delay the timeliness of processing applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.
- ✓ Once your license is issued it is immediately visible online with an "active" status. Licenses are printed off site and require at least 14 days for delivery.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8666 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)

FULL LEGAL NAME *FIRST* *MIDDLE INITIAL* *LAST*

ANY OTHER NAMES EVER USED:

DATE OF BIRTH *mm / dd / yyyy* SOCIAL SECURITY NUMBER - -

MAILING ADDRESS

CITY STATE ZIP COUNTY

PHONE # () FAX # () E-MAIL

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. Have you ever been convicted by any court of any crime?

(circle one)

NO

YES

If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.

2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)

NO

YES

If yes, enclose a detailed explanation and copies of all documents.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE

DATE

Barbering and Cosmetology Program

Temporary License

Aesthetician, Barber, Limited Barber, Cosmetologist or Nail Technician

Required Fees: \$10.00

LICENSE TYPE: Check one—

- | | |
|--|-----------|
| <input type="checkbox"/> Temporary Aesthetician | (TA1441) |
| <input type="checkbox"/> Temporary Barber | (TB1441) |
| <input type="checkbox"/> Temporary Limited Barber | (TLB1441) |
| <input type="checkbox"/> Temporary Cosmetologist | (TC1441) |
| <input type="checkbox"/> Temporary Nail Technician | (TM1441) |

Office Use Only:

TA/TB/TC/TLB or TM as checked in
the box to the left:

1441 - \$10.00

Office Use Only:

Check # _____

Amount: _____

Cash # _____

Lic. # _____

Issue Date _____

Exp. Date _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print) *FIRST* *MIDDLE INITIAL* *LAST*

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my ☐ VISA ☐ MASTERCARD the following amount: \$ _____

Card number: XXXX-XXXX-XXXX-XXXX Expiration Date *mm / yyyy*

SIGNATURE

DATE

SECTION 1: EDUCATION INFORMATION

School Information

Name of School Attended		
School Address		
City	State	Zip Code
Telephone #		
Course Completed	Course Hours Completed	Graduation Date
<input type="checkbox"/> Aesthetics <input type="checkbox"/> Barbering <input type="checkbox"/> Limited Barbering <input type="checkbox"/> Cosmetology <input type="checkbox"/> Manicuring		mm/yyyy

Trainee Information

Establishment Name Where Training Occurred		
Establishment Address		Phone
		()
City	State	Zip Code
Qualified Supervisor Name	Supervisor License #	
Course Completed	Hours Completed	Completion Date
<input type="checkbox"/> Aesthetics <input type="checkbox"/> Barbering <input type="checkbox"/> Limited Barbering <input type="checkbox"/> Cosmetology <input type="checkbox"/> Manicuring		mm/yyyy

SECTION 2: NOTICES

To qualify for this license this office must be in receipt of an affidavit of completion from the school you attended or your qualifying supervisor, or a license verification from the state in which you attended and completed your school hours.

Pursuant to 32 MRS §14230, only one temporary license may be issued at any time. A license is valid for **6 months** from date of issuance and is not renewable. **This license will allow you to practice in the profession you specify only under the direct supervision of a person who holds a valid license to practice.**

10 Day Notification Requirement

This applicant/licensee must report in writing to the Program the following information no later than 10 days after the change or event, as the case may be:

- Change of name or address of the licensee;
- A criminal conviction of the licensee or anyone listed on this application as having an ownership interest in the licensee;
- A revocation, suspension, or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant/licensee or anyone listed on this application as having an ownership interest in the licensee; or
- Any material change in the conditions or qualifications set forth in the original application for licensure submitted to the Program.

____ INITIALS OF APPLICANT

SECTION 2: (CONTINUED) - NOTICES

Notice Regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRS §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website.

Notice Regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRS section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

SECTION 3: LAWS AND RULES

Maine Barbering and Cosmetology Laws and Rules

<http://www.maine.gov/pfr/professionallicensing/professions/barbers/laws.htm>

Access to all relevant laws and rules are accessible from this web page.

Title 10 Department of Business Regulation Law §§8001-8009

<http://www.maine.gov/pfr/professionallicensing/professions/barbers/laws.htm>

Office of Professional and Occupational Regulation Rules 02 041

<http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

Chapter 10, Establishment of License Fees

Chapter 11, Late Renewals

Chapter 13, Uniform Rule for the Substantiation of Continuing Education Requirements

This office cannot provide you with a hardcopy of laws and rules. However, all of these documents are available online at www.maine.gov/professionallicensing. Please visit the website(s) listed to access these documents electronically. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

SECTION 4: APPLICANT’S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information and attestation provided on this application.

By signing in this application, I agree to abide by the Maine Barbering and Cosmetology Program Laws and Rules and all of the State Laws and Rules related to the practice of Barbering and Cosmetology. I certify that I have obtained and read the laws and rules as listed above in this application and that I will periodically or as necessary revisit these documents to insure that I am current with Maine laws and rules. I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Barbering and Cosmetology Program will rely upon this information for issuance of my license and that this information is truthful and factual.

I understand that I cannot begin working in the practice of barbering, cosmetology, manicuring or aesthetics until the Program has issued my temporary license.

Printed Name of Applicant	
Signature of Applicant	Date

Applications that are incomplete, altered, defaced, or compromised will not be accepted and will be returned. This includes, but not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing supporting documents, and/or missing or wrong fee.